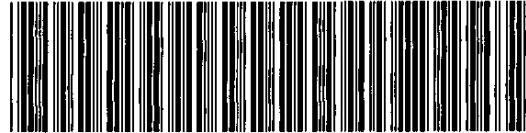


M04000002720



200116000512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 JAN 30 PM 4:06
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 FEB -4 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 423973 7393971

AUTHORIZATION

Liquidation

COST LIMIT : \$ 25.00

08 FEB -4 AM 8:43
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : January 30, 2008

ORDER TIME : 2:43 PM

ORDER NO. : 423973-010

CUSTOMER NO: 7393971

FOREIGN FILINGS

NAME: NOVAMED SURGERY CENTER OF
FORT LAUDERDALE, LLC

 CORPORATE
 LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper -- EXT#

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2008

DEBBIE SKIPPER
CSC
TALLAHASSEE, FL

SUBJECT: NOVAMED SURGERY CENTER OF FORT LAUDERDALE, LLC
Ref. Number: M04000002720

RESUBMIT

Please give original
submission date as file date.

08 FEB -4 11 01 03 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FAILED

We have received your document for NOVAMED SURGERY CENTER OF FORT LAUDERDALE, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The Florida registration for this LLC was revoked on September 7, 2007, because the company did not file the 2007 Annual Report.

Before this amendment can be filed, the company must reinstate its status in Florida.

To accomplish this, the company must file a reinstatement and pay a fee of \$377.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 708A00006625

08 FEB -4 PH 12: 31
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: NovaMed Surgery Center of Fort Lauderdale, LLC
2. Jurisdiction of its organization: DE
3. Date authorized to do business in Florida: 7/12/04

FILED
08 FEB - 4 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____
5. New name of the limited liability company: _____
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

Eye Care and Surgery Center of Ft Lauderdale, LLC

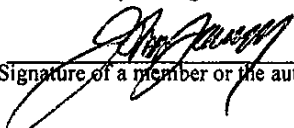
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized representative of a member

John W. Lawrence, Jr., SVP of Manager

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NOVAMED SURGERY CENTER OF FORT LAUDERDALE, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "EYE CARE AND SURGERY CENTER OF FT LAUDERDALE, LLC", THE THIRTIETH DAY OF JANUARY, A.D. 2008, AT 1:32 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOVAMED SURGERY CENTER OF FORT LAUDERDALE, LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



3826751 8320

080099878

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6348630

DATE: 01-30-08